



# AHCCCS Fee-For-Service Program

## Drug List (ADL)

### INTRODUCTION

AHCCCS is pleased to provide the AHCCCS FFS Program Drug List (ADL) to be used when prescribing medications for AHCCCS FFS members. For clarification, this ADL is only for the AHCCCS FFS members. This ADL does not apply to AHCCCS members enrolled in any of the AHCCCS Managed Care Contractors' Health Plans. This document provides general information regarding the AHCCCS pharmacy benefit for FFS members. The drugs listed in the ADL are intended to provide clinically appropriate, cost-effective options for AHCCCS FFS members who require medically necessary treatment. The drugs listed on the ADL have been reviewed and approved by the Pharmacy and Therapeutics (P&T) Committee. However, the ADL is not intended as a comprehensive listing of all drugs that may be reimbursed by AHCCCS. If a drug is not listed on the ADL and is determined to be medically necessary, it may be requested through the prior authorization process.

MedImpact is the Pharmacy Benefit Manager (PBM) for the AHCCCS FFS Program.

MedImpact will facilitate the administration of the pharmacy benefit for the following populations:

- Acute FFS – Title XIX
- Long Term Care FFS – Title XIX
- KidsCare FFS – Title XXI
- AHCCCS FFS Members who are enrolled in a TRBHA (Tribal/Regional Behavioral Health Authority)
- Members who are Dual Eligibles (AHCCCS FFS members who are also eligible for Medicare)
- Federal Emergency Services (FES) Members whose coverage is limited to emergency dialysis service

Members may obtain additional pharmacy information on the MedImpact website at  
[www.medimpact.com/members](http://www.medimpact.com/members)

Members and prescribing clinicians may also contact the MedImpact Customer Service Center at 1 (800) 788-2949, 24 hours per day, 365 days per year.

#### For Prior Authorization Requests and Information:

- Prescribing Clinicians may fax the completed prior authorization form to the MedImpact Prior Authorization Unit at 1 (858) 790-7100.
- For telephonic requests for information, prescribing clinicians may call 1 (800) 788-2949 for assistance.
- Prescribers preferring to send a written request via the US Mail, may send the request to the following address:

**MedImpact Healthcare Systems, Inc.  
Scripps Corporate Plaza (TRE)  
Attn: Prior Authorization Unit  
10680 Treena Street, Stop 5  
San Diego, CA 92131**

With regard to federal legend drugs, medically necessary federally reimbursable outpatient prescription drugs are covered for eligible AHCCCS FFS members when prescribed by an AHCCCS registered clinician who is licensed to prescribe federal legend drugs in the State of Arizona. Some medications may require prior authorization approval prior to dispensing the medication to the member.

**Pharmacy and Therapeutics (P&T) Committee**

The P&T Committee, comprised of physicians and pharmacists, meets quarterly to discuss a variety of clinical issues, which pertain to drug selections, including formulary additions, deletions and changes as well as pharmacy program management.

The P&T Committee evaluates clinical information for newly marketed drugs within 180 days of market launch and current medications on an annual basis. The evaluation may include, but is not limited to the following review categories:

- Safety
- Efficacy
- Comparative data and studies
- FDA approved indications
- Treatment and consensus guidelines
- Adverse events
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Dosage frequency and formulations
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for inclusion on the ADL, it will be reviewed relative to similar drugs currently included on the ADL. The review process of a therapeutic class continually promotes the most clinically appropriate, useful, and cost-effective agents. All of the information in the ADL is provided as a reference for drug therapy selection. Specific drug selection for an individual member rests solely with the prescribing clinician.

**Generic Drugs**

Generic substitution is a pharmacy action whereby a generic equivalent of a drug is dispensed rather than the brand name drug product. The AHCCCS pharmacy benefit requires mandatory generic substitution. This means that if a generic drug is equivalent to the brand reference drug and is available, the generic drug will be required for the filling and dispensing of the prescription for payment through the point-of-sale claims adjudication system. Generically available drugs are indicated on the ADL and are printed in lower case, for example, amoxacillin.

The ADL is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed with the generic name and the brand name is included as a reference to assist the prescribing clinicians in product recognition. Generics drugs are to be considered as the first line of prescribing. AHCCCS and its Contractors are required to use the most cost effective (least costly) clinically appropriate pharmaceutical treatment. The ADL also covers selected over-the-counter (OTC) products. Prescribing clinicians are encouraged to prescribe OTC medications when clinically appropriate

### **Prior Authorization Procedures For Drugs Not Listed On The ADL**

The drugs on the ADL have been selected to provide the most clinically appropriate and cost-effective medications for AHCCCS FFS members. When a drug not listed on the ADL is determined to be medically necessary for the appropriate medical management of a specific member, the prescriber must submit a prior authorization request specifying the reasons supporting the medical necessity of the particular drug for the AHCCCS member. Requests for these exceptions must be submitted in writing by the prescribing clinician on the MedImpact-AHCCCS Prior Authorization Form and faxed to:

#### **MedImpact - Prior Authorization Department**

**Fax Number: 1 (858) 790-7100**

**Telephone Number: 1 (800) 788-2949**

The MedImpact-AHCCCS Prior Authorization Request Form is available on the AHCCCS website at [www.azahcccs.gov](http://www.azahcccs.gov) under the Pharmacy Information section on the right side of the website. Appropriate clinical documentation must be provided to support the medical necessity for the drug being requested. Responses to requests will be provided within 2 business days of receipt unless the request is identified as urgent. If a request is identified as urgent, a response will be provided within 1 business day.

Prescribing clinicians are requested to adhere to the ADL when prescribing for AHCCCS FFS members. If a pharmacist receives a prescription for a drug not listed on the ADL, the pharmacist is expected to contact the prescribing clinician and request that the prescription be changed to a medication included on the ADL. If a medication on the ADL is not appropriate, the prescribing clinician is to be instructed to submit a prior authorization request form to MedImpact. Please contact the MedImpact Prior Authorization Department at 1 (800) 788-2949 with questions concerning the prior authorization process.

### **Dose Optimization Program – Quantity Limits (QL)**

The ADL utilizes Quantity Limits for several drugs listed on the ADL. The intent of the quantity limits is to promote dose optimization and efficient medication dosing. Prescriptions for monthly quantities greater than the indicated limit require a prior authorization approval. For quantities greater than those listed on the ADL, the prescribing clinician must submit a prior authorization request with supporting documentation for the increased quantity of medication. The Dose Optimization Program is designed to consolidate medication dosage to the most efficient daily quantity to increase member adherence to therapy and also promote the efficient use of health care dollars. The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily.

Quantity limits are loaded in the prescription claims processing system to promote minimized dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the prescribing clinician for more efficient dosing.

Additions to the Dose Optimization Program are made from time to time and providers notified accordingly. As always, we recognize that a number of member-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the prior authorization process. For any questions, please contact the MedImpact Customer Service Center at 1 (800) 788-2949.

### **Prescription Utilization Parameters**

AHCCCS members may reorder or refill a non-narcotic prescription when seventy-five percent (75%) of the medication has been used. Members may reorder or refill a narcotic prescription when eighty-five percent (85%) of the medication has been used.

If a point-of-sale claim is submitted before 75% of the non-narcotic medication has been used, based on the original days supply submitted on the claim, the claim will reject with a "refill too soon" message. The same will happen with for narcotic prescription refills not meeting the 85% utilization. Please call the MedImpact Customer Service Department at 1 (800) 788-2949 with questions or for help with dosage change authorization override.

### **Drug Efficacy Study Implementation (DESI) Drugs**

Drugs that were initially marketed between the years of 1938 and 1962 were approved as safe but were not required to provide the effectiveness for FDA approval. Beginning in 1962 legislation required all new drugs to be both safe and effective before they could be approved to be available and marketed. This requirement also applied retroactively to all drugs approved as safe from the years 1938-1962. As a result, the FDA established the DESI program to review the labeled indications and the effectiveness of the pre-1962 drugs and to provide a determination of effectiveness. The “fully effective” determination was given for most of these products and they remain in the marketplace today. A few DESI products remain classified as “less than fully effective” and are awaiting final administrative disposition from the FDA. In addition, if a drug is classified as DESI, there are many products listed as identical, similar, or related to actual DESI products. The AHCCCS FFS ADL does not pay for claims for DESI drugs that are considered “less than fully effective” drug products.

### **AHCCCS FFS Plan Exclusions**

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the ADL:

- DESI Drugs that are determined to be “less than fully effective”
- Anti obesity agents
- Experimental / research drugs
- Cosmetic drugs
- Cosmetic drugs for hair growth
- Immunizations
- Nutritional / diet supplements
- Blood and blood plasma products
- Products to promote fertility
- Erectile dysfunction drugs
- Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program
- Diagnostic products
- Medical supplies except:
  - Syringes
  - Needles
  - Lancets
  - Alcohol Swabs
  - Spacers
  - Blood glucose meters and test strips
- Intrauterine Devices

### **Notice**

AHCCCS and MedImpact provide the information contained in the ADL, solely for the convenience of prescribing clinicians. AHCCCS does not warrant or assure accuracy of such information nor is the ADL intended to be an all inclusive medication list. This ADL is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

AHCCCS assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider must consult the drug manufacturer's product literature or standard references for more detailed information.

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Generic Name	Reference Brand Name	Special Requirements
<b>ACNE - MISCELLANEOUS</b>		
salicylic acid	Aliclen	
<b>ACNE - ORAL</b>		
isotretinoin	Sotret	
<b>ACNE - TOPICAL</b>		
adapalene	Adapalene, Differin	PA Required FOR > 26 Years of Age
benzoyl peroxide	Various	
clindamycin phos/benzoyl perox	Benzaclin	
clindamycin phosphate	Clinda-Derm	
erythromycin base/ethanol	Emgel	
erythromycin/benzoyl peroxide	Benzamycin	
sulfacetamide sodium	Klaron	
tretinoin	Retin-A	PA Required FOR > 26 Years of Age
<b>ADHD - NON-STIMULANT</b>		
<b>atomoxetine hcl</b>	<b>STRATTERA</b>	QL: 30 in 30 Days, PA Required
<b>ADHD - STIMULANTS</b>		
dexmethylphenidate hcl	Focalin	QL: 60 in 30 Days
dextroamphetamine sulfate	Dextrostat, Dexedrine	QL: 60 in 30 Days
methylphenidate hcl	Ritalin	QL: 90 in 30 Days
methylphenidate hcl ER	Ritalin SR	QL: 60 in 30 Days
<b>ADHD - STIMULANTS - LONG ACTING</b>		
methylphenidate hcl ER	Ritalin LA	QL: 30 in 30 Days
methylphenidate hcl ER	Concerta	QL: 60 in 30 Days
methylphenidate hcl ER	Metadata Cd	QL: 30 in 30 Days
<b>ALLERGY - 1ST GENERATION ANTIHISTAMINE / DECONGESTANT COMBINATIONS</b>		
diphenhydramine /phenyleph/acetamin	Sudafed Pe Nighttime Cold	
p-epd tan/chlor-tan	C-Phed Tannate	
pseudoephed/chlorpheniramine	Lohist-D	
pseudoephedrine hcl/chlor-mal	Dura-Tap/Pd	
<b>ALLERGY - 1ST GENERATION ANTIHISTAMINES</b>		
chlorpheniramine maleate	Chlor-Trimeton	
clemastine fumarate	Tavist	
ciproheptadine hcl	Periactin	
dexchlorpheniramine maleate	Polaramine	
diphenhydramine hcl	Benadryl	
diphenhydramine hcl	Benadryl	

Generic Name	Reference Brand Name	Special Requirements
hydroxyzine hcl	Atarax	
hydroxyzine pamoate	Vistaril	
promethazine hcl	Promethazine Hcl	
tripelennamine hcl	PBZ	

#### ALLERGY - 2ND GENERATION ANTIHISTAMINE & DECONGESTANT COMBINATIONS

cetirizine hcl/pseudoephedrine	Zyrtec-D
fexofenadine/pseudoephedrine	Allegra-D 24 Hour
loratadine/pseudoephedrine	Claritin-D 24 Hour

#### ALLERGY - 2ND GENERATION ANTIHISTAMINES

cetirizine hcl	Zyrtec
fexofenadine hcl	Allegra
loratadine	Claritin

#### ALLERGY -MISCELLANEOUS -MAST CELL STABILIZERS

cromolyn sodium	Gastrocrom
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#### AMMONIA INHIBITORS

lactulose	Constulose
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#### ANALGESICS - NARCOTICS- LONG ACTING

fentanyl	Duragesic	PA Required
methadone	Dolophine	QL: 180 in 30 Days
morphine sulfate extended release	Morphine Sulfate ER	QL: 90 in 30 Days
oxycodone hcl extended releast	Oxycontin	PA Required

#### ANALGESICS - NARCOTICS- SHORT ACTING

acetaminophen with codeine	Capital W-Codeine	QL: 180 in 30 Days
acetaminophen/caffeine/butalbital	Fioricet	
aspirin/caffeine/butalbital	Fiorinal	
hydrocodone bit/acetaminophen	Vicodin	QL: 180 in 30 Days
hydrocodone(ibuprofen	Repxain	QL: 180 in 30 Days
hydromorphone hcl	Dilauidid	QL: 180 in 30 Days
meperidine hcl	Demerol	QL: 180 in 30 Days
morphine sulfate	morphine sulfate	QL: 90 in 30 Days
oxycodone hcl/acetaminophen	Roxicet, Percocet	QL: 180 in 30 Days
oxycodone hcl/aspirin	Endodan, Percodan	QL: 180 in 30 Days
pentazocine hcl/acetaminophen	Pentazocine-Acetaminophen	QL: 180 in 30 Days
pentazocine hcl/naloxone hcl	Pentazocine-Naloxone Hcl	QL: 180 in 30 Days
tramadol hcl	Ultram	QL: 180 in 30 Days

#### ANALGESICS - NON-NARCOTIC

Generic Name	Reference Brand Name	Special Requirements
acetaminophen	Tylenol	
acetylsalicylic acid	Aspirin	
<b>ANALGESICS - NSAIDS</b>		
diclofenac sodium	Voltaren	
diflunisal	Diflunisal	
etodolac	Iodine	
fenoprofen calcium	Nalfon	
flurbiprofen	Ansaid	
ibuprofen	Ibuprohm	
indomethacin	Indocin	
ketoprofen	Ketoprofen	
ketorolac tromethamine	Toradol	QL: 20
mefenamic acid	Ponstel	
meloxicam	Mobic	
nabumetone	Relafen	
nabumetone	Relafen	
naproxen	Naprosyn	
naproxen sodium	Anprox, Aleve (Otc)	
oxaprozin	Daypro	
piroxicam	Feldene	
salsalate	salsalate	
sulindac	Clinoril	
<b>ANALGESICS - NSAIDS - COX 2 INHIBITOR</b>		
<b>celecoxib</b>	<b>CELEBREX</b>	PA Required
<b>ANDROGENIC AGENTS</b>		
<b>abiraterone acetate</b>	<b>ZYTIGA</b>	PA Required
fluoxymesterone	Various	
<b>testosterone gel</b>	<b>ANDROGEL, TESTIM</b>	PA Required
testosterone cypionate	Various	PA Required
testosterone enanthate	Various	PA Required
<b>testosterone patch</b>	<b>ANDRODERM</b>	PA Required
<b>ANESTHETICS - Topical</b>		
lidocaine ointment	Various	
lidocaine viscous	Various	
lidocaine/prilocaine	Emla	
<b>ANTI-ANDROGENIC AGENTS</b>		
flutamide	Eulexin	

Generic Name	Reference Brand Name	Special Requirements
<b>nilutamide</b>	<b>NILANDRON</b>	QL: 60 in 30 Days
<b>ANTI-ANXIETY -BENZODIAZEPINES</b>		
alprazolam	Xanax	QL: 120 in 30 Days
chlordiazepoxide hcl	Librium	QL: 120 in 30 Days
clorazepate dipotassium	Tranxene	QL: 120 in 30 Days
diazepam	Valium	QL: 120 in 30 Days
lorazepam	Ativan	
lorazepam	Ativan	QL: 120 in 30 Days
oxazepam	Serax	QL: 120 in 30 Days
<b>ANTI-ANXIETY- NON-BENZODIAZEPINES</b>		
buspirone hcl	Buspar	QL: 120 in 30 Days
<b>ANTIBIOTICS - CEPHALOSPORINS - 1ST GENERATION</b>		
cefadroxil hydrate	Duricef	
cephalexin	Keflex	
<b>ANTIBIOTICS - CEPHALOSPORINS - 2ND GENERATION</b>		
cefaclor	Ceclor	
<b>cefixime</b>	<b>SUPRAX</b>	QL: 1
cefprozil	Cefzil	
cefuroxime axetil	Cefuroxime	
<b>ANTIBIOTICS - CEPHALOSPORINS - 3RD GENERATION</b>		
cefdinir	Omnicef	
cefpodoxime	Vantin	
<b>ANTIBIOTICS - MACROLIDES</b>		
azithromycin	Ziithromax	
clarithromycin	Biaxin XL	
erythromycin base	Akne-Mycin	
erythromycin ethylsuccinate	E.E.S. 200	
erythromycin stearate	Erythrocin Stearate	
erythromycin/sulfisoxazole	Pedazole	
<b>ANTIBIOTICS - MISCELLANEOUS</b>		
<b>aztreonam lysine</b>	<b>CAYSTON</b>	PA Required
clindamycin hcl	Cleocin Hcl	
clindamycin palmitate hcl	Cleocin Palmitate	
neomycin sulfate	Neo-Fradin	
<b>rifaximin</b>	<b>XIFAXAN</b>	PA Required
<b>tobramycin in 0.225% nacl</b>	<b>TOBI</b>	PA Required

Generic Name	Reference Brand Name	Special Requirements
trimethoprim	Trimethoprim	
vancomycin hcl	Vancocin Hcl	PA Required
<b>ANTIBIOTICS - NITROFURANTOINS</b>		
<b>furazolidone</b>	<b>FUROXONE</b>	
nitrofurantoin	Furadantin	
nitrofurantoin macrocrystal	Nitrofurantoin	
nitrofurantoin monohyd/m-cryst	Macrobid	
<b>ANTIBIOTICS - OXAZOLIDINONES</b>		
<b>linezolid</b>	<b>ZYVOX</b>	PA Required
<b>ANTIBIOTICS - PENICILLINS</b>		
amoxicillin	Amoxacillin	
amoxicillin/potassium clav	Augmentin XR	
ampicillin trihydrate	Principen	
dicloxacillin sodium	Dicloxacillin	
penicillin v potassium	Penicillin-VK	
<b>ANTIBIOTICS - QUINOLONES</b>		
ciprofloxacin hcl	Cipro	
levofloxacin	Levaquin	
ofloxacin	Floxin	
<b>ANTIBIOTICS - SULFONAMIDES</b>		
sulfamethoxazole(trimethoprim	Bactrim	
sulfamethoxazole(trimethoprim	Bactrim	
<b>ANTIBIOTICS - TETRACYCLINES</b>		
demeccyclycline hcl	Declomycin	PA Required
doxycycline hydiate	Vibramycin	
minocycline hcl	Minocin	
tetracycline hcl	Ala-Tet	
<b>ANTICONVULSANTS</b>		
carbamazepine	Epitol, Tegretol	
carbamazepine ER	Tegretol XR, EQUATRO	
<b>clobazam</b>	<b>ONFI</b>	PA Required
clonazepam	Klonopin	QL: 120 in 30 Days
diazepam	Diastat	QL: 2 in 180 Days
divalproex sodium	Depakote ER	
ethosuximide	Zarontin	
<b>ezogabine</b>	<b>POTIGA</b>	PA Required

Generic Name	Reference Brand Name	Special Requirements
felbamate	Felbatol	
gabapentin	Neurontin	
<b>lacosamide</b>	<b>VIMPAT</b>	PA Required
lamotrigine	Lamictal	
levetiracetam	Keppra	
oxcarbazepine	Trileptal	
phenobarbital	Luminal	
phenytoin	Dilantin Infatabs, Suspension	
phenytoin sodium extended	Dilantin	
<b>pregabalin</b>	<b>LYRICA</b>	PA Required
primidone	Mysoline	
<b>rufinamide</b>	<b>BANZEL</b>	PA Required
<b>tiagabine hcl</b>	<b>GABITRIL</b>	PA Required
topiramate	Topamax	
valproic acid	Depakene	
zonisamide	Zonegran	

#### ANTIDEPRESSANTS - MISCELLANEOUS

mirtazapine	Remeron	QL: 45 in 30 Days
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#### ANTIDEPRESSANTS - NDRIs

bupropion hcl	Budeprion SR	QL: 60 in 30 Days
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#### ANTIDEPRESSANTS - SARIs

trazodone hcl	Desyrel
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#### ANTIDEPRESSANTS - SNRIs

venlafaxine hcl	Effexor	QL: 120 in 30 Days
venlafaxine hcl ER	Effexor XR	QL: 60 in 30 Days

#### ANTIDEPRESSANTS - SSRIs

citalopram hydrobromide	Celexa	QL: 60 in 30 Days
escitalopram oxalate	Lexapro	QL: 30 in 30 Days
escitalopram oxalate solution	Lexapro Solution	QL: 300 in 30 Days
fluoxetine hcl	Prozac	QL: 120 in 30 Days
fluvoxamine maleate	Luvox	QL: 120 in 30 Days
paroxetine hcl	Paxil	
sertraline hcl	Zoloft	QL: 60 in 30 Days

#### ANTIDEPRESSANTS - TRICYCLICS

amitriptyline hcl	Elavil
desipramine hcl	Norpamin

Generic Name	Reference Brand Name	Special Requirements
imipramine hcl	Tofranil	
imipramine pamoate	Tofranil-PM	
maprotiline hcl	Ludiomil	
nortriptyline hcl	Pamelor	
protriptyline hcl	Vivactil	
<b>ANTIDIARRHEALS</b>		
diphenoxylate hcl/atropine	Lomotil	
loperamide hcl	Imodium	
<b>ANTIEMETICS</b>		
<b>aprepitant</b>	<b>EMEND</b>	QL: 6 in 21 Days
dolasetron	Anzemet	PA Required
dronabinol	Marinol	PA Required
granisetron hcl	Kytril	PA Required
meclizine hcl	Antivert	
ondansetron	Zofran, Zofran Odt	QL: 30 in 30 Days
prochlorperazine maleate	Prochlorperazine Maleate	
promethazine hcl	Phenergan	
trimethobenzamide hcl	Tigan	
<b>ANTIEMETICS - RECTAL</b>		
prochlorperazine maleate	Compro	
<b>ANTIFUNGALS - ORAL</b>		
clotrimazole	Mycelex	
fluconazole	Diflucan 150mg tablets	QL: 2 tablets
fluconazole	Diflucan 100mg, 200mg & Suspension	
flucytosine	Ancobon	PA Required
griseofulvin,microsize	Fulvicin U/F	PA Required
itraconazole	Sporanox	PA Required
ketoconazole	Nizoral	
nystatin	Nystatin	
<b>posaconazole</b>	<b>NOXAFIL</b>	PA Required
terbinafine hcl	Lamisil	QL: 90 in 365 Days
voriconazole	Vfend	PA Required
<b>ANTIFUNGALS - TOPICAL</b>		
clotrimazole	Lotrimin	
clotrimazole/betamethasone dip	Lotrisone	
econazole nitrate	Spectazole	
ketoconazole	Nizoral	

Generic Name	Reference Brand Name	Special Requirements
metronidazole	Metrocream	
nystatin	Nystatin	
nystatin/triamcinolone	Myconel	
<b>ANTI-INFECTIVES - ANTHELMINTICS</b>		
<b>praziquantel</b>	<b>BILTRICIDE</b>	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<b>iodoquinol</b>	<b>YODOXIN</b>	
metronidazole	Flagyl	
paromomycin sulfate	Humatin	
<b>ANTI-INFLAMATORY BOWEL AGENTS - ORAL</b>		
balsalazide disodium	Colazal	QL: 270 in 30 Days
<b>mesalamine</b>	<b>ASACOL, PENTASA</b>	QL: 240 in 30 Days
<b>olsalazine sodium</b>	<b>DIPENTUM</b>	QL: 120 in 30 Days
sulfadiazine	Sulfadiazine	
sulfasalazine	Azulfidine	QL: 240 in 30 Days
<b>ANTI-INFLAMATORY BOWEL AGENTS - RECTAL</b>		
<b>Budesonide</b>	<b>ENTOCORT EC</b>	
hydrocortisone	Procto-Kit	
<b>hydrocortisone acetate</b>	<b>CORTIFOAM</b>	
mesalamine w/cleansing wipes	Rowasa	QL: 240 in 30 Days
<b>ANTILEPROTICS</b>		
dapsone	Dapsone	
<b>ANTIMALARIAL DRUGS</b>		
<b>artemether / lumefantrine</b>	<b>COARTEM</b>	
atovaquone/proguanil hcl	malarone	
chloroquine phosphate	chloroquine phosphate	
hydroxychloroquine sulfate	Plaquenil	
<b>primaquine phosphate</b>	<b>PRIMAQUINE</b>	
<b>pyrimethamine</b>	<b>DARAPRIM</b>	
quinidine gluconate	Various	
quinidine sulfate	Qualaquin	
<b>ANTIMIGRAINE AGENTS - MISCELLANEOUS</b>		
acetaminophen/caffeine/butalbital	Fioricet	
acetaminophen/caffeine/butalbital/ codeine	Fioricet w/ Codeine	
aspirin/caffeine/butalbital	Fiorinal	
aspirin/caffeine/butalbital/codeine	Fiorinal w/ Codeine	

<b>Generic Name</b>	<b>Reference Brand Name</b>	<b>Special Requirements</b>
ergotamine tartrate/caffeine	Cafergot	QL: 40 in 30 Days
ergotamine tartrate/caffeine suppositories	Migergot Suppositories	QL: 12 Suppositories
<b>ANTIMIGRAINE AGENTS - TRIPTANS</b>		
frovatriptan succinate	<b>FROVA</b>	PA Required, Step Therapy
naratriptan hcl	Amerge	QL: 9 in 30 Days
<b>rizatriptan benzoate</b>	<b>MAXALT</b>	PA Required, Step Therapy
sumatriptan	Imitrex Injection	QL: 2 in 30 Days
sumatriptan	Imitrex Tablets	QL: 9 in 30 Days
sumatriptan	Imitrex Nasal Spray	QL: 6 in 30 Days
<b>zolmitriptan</b>	<b>ZOMIG</b>	QL: 9 in 30 Days, Step Therapy
<b>ANTIMYCOBACTERIALS &amp; TUBERCULOSIS AGENTS</b>		
ethambutol hcl	Myambutol	
isoniazid	INH	
pyrazinamide	Various	
rifampin	Rifadin	
rifampin/isoniazid	IsonaRif	
<b>ANTINEOPLASTICS</b>		
<b>altretamine</b>	<b>HEXALEN</b>	PA Required
<b>axitinib</b>	<b>INLYTA</b>	PA Required
<b>bexarotene</b>	<b>TARGRETIN</b>	PA Required
bicalutamide	Casodex	
<b>chlorambucil</b>	<b>LEUKERAN</b>	
<b>crizotinib</b>	<b>XALKORI</b>	PA Required
cyclophosphamide	Cytoxan	
<b>dasatinib</b>	<b>SPRYCEL</b>	PA Required
<b>degarelix acetate</b>	<b>FIRMAGON</b>	PA Required
<b>erlotinib hcl</b>	<b>TARCEVA</b>	PA Required
<b>estramustine phosphate sodium</b>	<b>EMCYT</b>	PA Required
etoposide	Vepesid	
<b>everolimus</b>	<b>AFINITOR</b>	PA Required
hydroxyurea	Droxia	
<b>imatinib mesylate</b>	<b>GLEEVEC</b>	PA Required
<b>lapatinib ditosylate</b>	<b>TYKERB</b>	PA Required
<b>lenalidomide</b>	<b>REVLIMID</b>	PA Required
leuprolide acetate	Lupron Depot	PA Required
<b>lomustine</b>	<b>CEENU</b>	

Generic Name	Reference Brand Name	Special Requirements
megestrol acetate	Megace	
mercaptopurine	Purinethol	
methotrexate sodium	Trexall	
<b>mitotane</b>	<b>LYSODREN</b>	
<b>nilotinib hcl</b>	<b>TASIGNA</b>	PA Required
<b>pazopanib hcl</b>	<b>VOTRIENT</b>	PA Required
<b>peginterferon alfa-2b</b>	<b>SYLATRON 4-PACK</b>	PA Required
<b>procarbazine hcl</b>	<b>MATULANE</b>	
<b>ruxolitinib phosphate</b>	<b>JAKAFI</b>	PA Required
<b>sorafenib tosylate</b>	<b>NEXAVAR</b>	PA Required
<b>sunitinib malate</b>	<b>SUTENT</b>	PA Required
<b>temozolomide</b>	<b>TEMODAR</b>	PA Required
<b>thalidomide</b>	<b>THALOMID</b>	PA Required
<b>thioguanine</b>	<b>TABLOID</b>	
tretinoin	Retin-A	PA Required for age 26 and older
<b>vandetanib</b>	<b>CAPRELSA</b>	PA Required
<b>vemurafenib</b>	<b>ZELBORAF</b>	PA Required
<b>vismodegib</b>	<b>ERIVEDGE</b>	PA Required
<b>vorinostat</b>	<b>ZOLINZA</b>	PA Required

#### ANTINEOPLASTICS - TOPICALS

<b>bexarotene</b>	<b>TARGRETIN</b>	
fluorouracil	Carac	
<b>ingenol mebutate</b>	<b>PICATO</b>	PA Required

#### ANTINEOPLASTICS - CHEMOTHERAPY RESCUE AGENT

leucovorin calcium	Wellcorovin
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#### ANTIPARKINSON AGENTS

amantadine hcl	Amantadine
benztropine mesylate	Cogentin
bromocriptine mesylate	Parlodel
<b>carbidopa</b>	<b>LODOSYN</b>
carbidopa/levodopa	Sinemet 25-100
carbidopa/levodopa/entacapone	Stalevo 100
pramipexole di-hcl	Pramipexole Dihydrochloride
ropinirole hcl	Requip
selegiline hcl	Eldepryl, Zelapar
trihexyphenidyl hcl	Artane, Tremin

#### ANTIPSYCHOTICS - 1ST GENERATION - TYPICALS

Generic Name	Reference Brand Name	Special Requirements
fluphenazine decanoate	Prolixin	Long Term Care Only
fluphenazine hcl	Prolixin	Long Term Care Only
haloperidol	Haldol	Long Term Care Only
haloperidol decanoate	Haldol	Long Term Care Only
haloperidol lactate	Haloperidol lactate	Long Term Care Only
loxapine succinate	Loxitane	Long Term Care Only
perphenazine	Trilafon	Long Term Care Only
thioridazine hcl	Mellaril	Long Term Care Only
thiothixene	Navane	Long Term Care Only
trifluoperazine hcl	Stelazine	Long Term Care Only
<b>ANTIPSYCHOTICS - 2ND GENERATION - ATYPICALS</b>		
<b>ariprazole</b>	<b>ABILITY, ABILITY DISCMELT</b>	Long Term Care Only, PA Required
clozapine	Clozaril	QL: 150 in 30 Days, Long Term Care Only
clozapine	Fazaclor	QL: 150 in 30 Days, Long Term Care Only, Step Therapy
olanzapine	Zyprexa, Zydis	Long Term Care Only
<b>olanzapine pamoate</b>	<b>ZYPREXA RELPREVV</b>	Long Term Care Only, PA Required
quetiapine fumarate	Seroquel	QL: 60 in 30 Days, Long Term Care Only
<b>quetiapine fumarate</b>	<b>SEROQUEL XR</b>	QL: 60 in 30 Days, Long Term Care Only, Step Therapy
risperidone	Risperdal, Risperdal M-tabs	QL: 60 in 30 Days, Long Term Care Only
<b>risperidone microspheres</b>	<b>RISPERDAL CONSTA</b>	Long Term Care Only, PA Required
ziprasidone	Geodon	QL: 60 in 30 Days, Long Term Care Only
<b>ANTIVIRALS - CMV</b>		
<b>cidofovir</b>	<b>VISTIDE</b>	PA Required
foscarnet sodium	foscarnet sodium	PA Required
ganciclovir sodium	Cytovene	PA Required
<b>ANTIVIRALS - GENERAL</b>		
acyclovir	Acyclovir	
famciclovir	famciclovir	
rimantadine hcl	Flumadine	
valacyclovir hcl	Valacyclovir	PA Required
<b>valganciclovir hcl</b>	<b>VALCYTE</b>	PA Required
<b>ANTIVIRALS - INFLUENZA AGENTS</b>		
<b>oseltamivir phosphate</b>	<b>TAMIFLU</b>	QL: 20 in 270 Days

Generic Name	Reference Brand Name	Special Requirements
zanamivir	RELENTA	QL: 40 in 270 Days
<b>ANTRETROVIRALS AND PROTEASE INHIBITORS</b>		
abacavir sulfate	Ziagen	
abacavir sulfate/lamivudine	EPZICOM	
abacavir/lamivudine/zidovudine	TRIZIVIR	
atazanavir sulfate	REYATAZ	
darunavir ethanolate	PREZISTA	
delavirdine mesylate	SCRIPTOR	
didanosine	Videx	
efavirenz	SUSTIVA	
efavirenz/emtricitab/tenofovir	ATRIPLA	
emtricitab/rilpivirine/tenofovir	COMPLERA	
emtricitabine	EMTRIVA	
emtricitabine/tenofovir	TRUVADA	PA Required
enfuvirtide	FUZEON	QL: 1 in 30 Days, PA Required
etravirine	INTELENCE	
fosamprenavir calcium	LEXIVA	
indinavir sulfate	CRIVAN	
lamivudine	Epivir	
lamivudine/zidovudine	Combivir	
lopinavir/ritonavir	KALETRA	
maraviroc	SELZENTRY	PA Required
nelfinavir mesylate	VIRACEPT	
nevirapine	Viramune Xr	
raltegravir potassium	ISENTRESS	
rilpivirine hcl	EDURANT	
ritonavir	NORVIR	
saquinavir mesylate	INVIRASE	
stavudine	Zerit	
tenofovir disoproxil fumarate	VIREAD	
tipranavir	APTIVUS	
tipranavir/vitamin e tpgs	APTIVUS	
zidovudine	Retrovir	
<b>ASTHMA - COPD - BETA-ADRENERGIC / STEROID COMBINATIONS</b>		
budesonide/ formoterol	SYMBICORT	Step Therapy
fluticasone / salmeterol	ADVAIR DISKUS	Step Therapy
<b>ASTHMA - COPD - BETA-ADRENERGIC AGENTS</b>		

Generic Name	Reference Brand Name	Special Requirements
albuterol	Accuneb	
albuterol	Proventil HFA, Ventolin HFA, ProAir HFA	
albuterol sulfate	Vospire Er	
<b>arformoterol tartrate</b>	<b>BROVANA</b>	PA Required
<b>formoterol fumarate</b>	<b>FORADIL</b>	PA Required, Step Therapy
levalbuterol hcl	Xopenex	PA Required
<b>salmeterol xinafoate</b>	<b>SEREVENT DISKUS</b>	PA Required
terbutaline sulfate	Brethaire	
<b>ASTHMA - COPD - BETA-ADRENERGIC AND CHOLINERGIC COMBINATION</b>		
ipratropium/albuterol sulfate	Combivent	
<b>ASTHMA - COPD - BRONCHODILATOR AGENTS</b>		
ipratropium bromide	Atrovent	
<b>Tiotropium</b>	<b>SPIRIVA</b>	PA Required
<b>ASTHMA - COPD - LEUKOTRIENES</b>		
montelukast sodium	Singulair	QL: 30 in 30 Days
zafirkulast	Accolate	
<b>ASTHMA - COPD - STEROIDS</b>		
<b>beclomethasone dipropionate</b>	<b>QVAR</b>	
budesonide	Pulmicort Flexhaler	PA Required
<b>fluticasone propionate</b>	<b>FLOVENT</b>	
<b>Mometasone</b>	<b>ASMANEX Twisthaler</b>	
<b>ASTHMA - MISCELLANEOUS</b>		
sodium chloride for inhalation	Hyper-Sal	
<b>Spacers</b>	<b>AEROCHAMBER, AEROCHAMBER W/MASK, OPTICHAMBER</b>	QL: 2 PER YEAR
theophylline anhydrous	Elixophyllin	
<b>AUTOIMMUNE DISORDER AGENTS</b>		
<b>abatacept</b>	<b>ORENCIA</b>	PA Required
<b>adalimumab</b>	<b>HUMIRA</b>	PA Required
<b>anakinra</b>	<b>KINERET</b>	PA Required
<b>etanercept</b>	<b>ENBREL</b>	PA Required
<b>golimumab</b>	<b>SIMPONI</b>	PA Required
<b>infliximab</b>	<b>REMICADE</b>	PA Required
leflunomide	Arava	
methotrexate sodium	Rheumatrex	
<b>penicillamine</b>	<b>CUPRIMINE</b>	
<b>CARDIOVASCULAR - ANTIARRHYTHMICS</b>		

Generic Name	Reference Brand Name	Special Requirements
amiodarone hcl	Cordarone, Pacerone	
digoxin	Lanoxin	
disopyramide phosphate	Norpace	
<b>dofetilide</b>	<b>TIKOSYN</b>	PA Required
<b>dronedarone hydrochloride</b>	<b>MULTAQ</b>	PA Required
flecainide acetate	Tambocor	
mexiletine hcl	Mexitil	
propafenone hcl	Rythmol	
quinidine gluconate	Various	
quinidine sulfate	Various	

#### CARDIOVASCULAR - ANTIHYPERTENSIVES - ACE INHIBITORS

benazepril hcl	Lotensin
captopril	Capoten
enalapril maleate	Vasotec
fosinopril sodium	Monopril
lisinopril	Zestril
moexipril hcl	Univasc
perindopril erbumine	Aceon
quinapril hcl	Accupril
ramipril	Altace
trandolapril	Mavik

#### CARDIOVASCULAR - ANTIHYPERTENSIVES - ALPHA- BLOCKERS

doxazosin mesylate	Cardura
prazosin hcl	Minipress
terazosin	Hytrin

#### CARDIOVASCULAR - ANTIHYPERTENSIVES - ARBS

<b>aliskiren hemifumarate</b>	<b>TEKTURNA</b>	PA Required
irbesartan	Avapro	
losartan potassium/HCT2	Hyzaar	
<b>olmesartan medoxomil</b>	<b>BENICAR</b>	Step Therapy
<b>olmesartan/HCT2</b>	<b>BENICAR/HCT2</b>	Step Therapy
<b>valsartan</b>	<b>DIOVAN</b>	Step Therapy
<b>valsartan/HCT2</b>	<b>DIOVAN/HCT2</b>	Step Therapy

#### CARDIOVASCULAR - ANTIHYPERTENSIVES - BETA BLOCKERS

acebutolol hcl	Sectral
atenolol	Tenormin
carvedilol	Coreg

Generic Name	Reference Brand Name	Special Requirements
labetalol hcl	Normodyne	
metoprolol succinate	Toprol XI	
metoprolol tartrate	Lopressor	
nadolol	Corgard	
pindolol	Visken	
propranolol hcl	Inderal La	
sotalol hcl	Betapace	
<b>CARDIOVASCULAR - ANTIHYPERTENSIVES - BETA BLOCKERS / THIAZIDES</b>		
atenolol/chlorthalidone	Tenoretic	
metoprolol/hydrochlorothiazide	Lopressor Hct	
propranolol/hydrochlorothiazide	Inderide	
<b>CARDIOVASCULAR - ANTIHYPERTENSIVES - CALCIUM CHANNEL BLOCKERS</b>		
amlodipine besylate	Norvasc	QL: 30 in 30 Days
diltiazem hcl	Cartia XT	
felodipine	Felodipine Er	
isradipine	Dynacirc Cr	
nicardipine hcl	Cardene	
nifedipine	Adalat CC	QL: 30 in 30 Days
nimodipine	Nimotop	
nisoldipine	Sular	
verapamil hcl	Verelan PM	QL: 30 in 30 Days
<b>CARDIOVASCULAR - ANTIHYPERTENSIVES - MISCELLANEOUS</b>		
clonidine hcl	Catapres	
guanfacine hcl	Tenex	QL: 60 in 30 Days
methyldopa	Aldomet	
minoxidil	Loniten	
<b>CARDIOVASCULAR - CHOLESTEROL/LIPID LOWERING AGENTS - STATINS</b>		
atorvastatin calcium	Lipitor	QL: 30 in 30 Days
fluvastatin sodium	Lescol	QL: 30 in 30 Days
lovastatin	Mevacor	QL: 30 in 30 Days
pravastatin sodium	Pravachol	QL: 30 in 30 Days
simvastatin	Zocor	QL: 30 in 30 Days
<b>CARDIOVASCULAR - CHOLESTEROL/LIPID LOWERING AGENTS - BILE SALT SEQUESTRANTS</b>		
cholestyramine/aspartame	Prevalite	
colestipol hcl	Colestid	
colestipol hcl,micronized	Colestid	

Generic Name	Reference Brand Name	Special Requirements
<b>CARDIOVASCULAR - DIURETICS -CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide	Diamox	
methazolamide	Neptazane	
<b>CARDIOVASCULAR - LIPID LOWERING AGENTS</b>		
fenofibrate	Tricor	
fenofibrate,micronized	Antara	
fenofibric acid	Fibrincor	
gemfibrozil	Lopid	
niacin	Niacor	
<b>CARDIOVASCULAR - POTASSIUM SPARING DIURETICS</b>		
amiloride hcl	Amiloride	
eplerenone	Inspira	PA Required
spironolactone	Aldactone	
triamterene/hydrochlorothiazid	Dyazide	
<b>CARDIOVASCULAR - THIAZIDE DIURETICS</b>		
chlorothiazide	Diuril	
chlorthalidone	Thalitone	
hydrochlorothiazide	Microzide	
indapamide	Lozol	
methyclothiazide	Methyclothiazide	
metolazone	Zaroxolyn	
<b>CARDIOVASCULAR -LOOP DIURETICS</b>		
bumetanide	Bumex	
furosemide	Lasix	
torsemide	Demadex	
<b>CARDIOVASCULAR -VASODILATORS</b>		
amyl nitrite	Amyl Nitrite	
ergoloid mesylates	Hydergine	
hydralazine hcl	Apresoline	
isosorbide dinitrate	Isordil	
isosorbide mononitrate	Imdur	
<b>nitroglycerin</b>	<b>NITRO-DUR</b>	
nitroglycerin	Minitran	
<b>Nitroglycerine Sublingual</b>	<b>Nitrostat</b>	PA Required
<b>ranolazine</b>	<b>RANEXA</b>	PA Required
<b>CARDIOVASCULAR -VASOPRESSORS</b>		

Generic Name	Reference Brand Name	Special Requirements
midodrine hcl	Proamatine	
<b>COGNITIVE DISORDERS - CHOLINESTERASE INHIBITORS</b>		
donepezil hcl	Aricept	PA Required For > 5mg or 10mg Tablets
galantamine hbr	Razadyne	PA Required
pyridostigmine bromide	Mestinon	
rivastigmine tartrate	Exelon	PA Required
<b>COGNITIVE DISORDERS - NMDA RECEPTOR ANTAGONISTS</b>		
memantine hcl	NAMENDA	PA Required
<b>CONTRACEPTIVES - CONDOMS</b>		
condoms	Trojans	
<b>CONTRACEPTIVES - INTRAVAGINAL</b>		
spermicidal foam	VCF Delfen	
spermicidal jelly	Gynol II	
<b>COUGH &amp; COLD - ANTITUSSIVES, NON-NARCOTIC</b>		
benzonatate	Tessalon Perle	
<b>COUGH &amp; COLD - DECONGESTANT-EXPECTORANT COMBINATIONS</b>		
guaifenesin/phenylephrine hcl	Numonyl Pediatric	
guaifenesin/pseudoephedrine hcl	Various	
<b>COUGH &amp; COLD - EXPECTORANTS</b>		
guaifenesin	Mucinex	
<b>COUGH &amp; COLD 1ST GEN. ANTIHISTAMINE-DECONGEST NON-NARCOTIC ANTITUSSIVE</b>		
bromphen mal/pe/carbetapen cit	Seradex	
brompheniramin/pe/dextromethorphan	TL-Hist Dm	QL: 480 in 30 Days
car-b-pen ta/chlor-tan	Tannihist-12 Rf	PA Required
dm/phenyleph/chlorpheniramine	Nasohist Dm	
<b>COUGH &amp; COLD- 1ST GENERATION ANTIHISTAMINE-DECONGEST-NARCOTIC ANTITUSSIVE</b>		
bromphenira/pseudoephed/codeine	Rydex	
brompheniramin/pe/codeine phos	Brovex Pb Cx	
bromphenrm/pseudoeph/dihydrocod	J-Cof Dhc	
<b>COUGH &amp; COLD- 1ST GENERATION ANTIHISTAMINE/NARCOTIC ANTITUSSIVE</b>		
chlorpheniramine/codeine phos	Cotab A	
<b>COUGH &amp; COLD- 1ST GENERATOR ANTIHISTAMINE/NARCOTIC ANTITUSSIVE</b>		
codeine/promethazine hcl	Promethazine W/Codeine	
<b>COUGH &amp; COLD NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION</b>		
guaifenesin/codeine phosphate	Allfen Cdx	QL: 480 in 30 Days

Generic Name	Reference Brand Name	Special Requirements
<b>COUGH &amp; COLD NON-NARCOTIC ANTITUSSIVE-DECONGESTANT-EXPECTORANT</b>		
guaifenesin/d-methorphan hb/pe	Maxiphen Dm	
<b>CYSTIC FIBROSIS AGENTS</b>		
alpha-1-proteinase inhibitor	PROLASTIN, ARALAST NP	PA Required
dornase alfa	PULMOZYME	PA Required
ivacaftor	KALYDECO	PA Required
tobramycin	TOBI	PA Required
<b>DENTAL AIDS AND PREPARATIONS</b>		
chlorhexidine gluconate	Peridex, Periogard	
triamcinolone acetonide dental	Oralone	QL: Two 5GM tubes in 30 Days
<b>DIABETIC AGENTS - ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose	Precose	
<b>DIABETIC AGENTS - AMYLIN ANALOG-TYPE</b>		
pramlintide acetate	SYMLIN	PA Required
<b>DIABETIC AGENTS - BIGUANIDES</b>		
metformin hcl	Glucophage	
<b>DIABETIC AGENTS - BIGUANIDES/SULFONYLURA COMBINATION</b>		
metformin hcl / glyburide	Glucovance	
<b>DIABETIC AGENTS - DIPEPTIDYL PEPTIDASE INHIBITORS (DPP-4s)</b>		
sitagliptin phos/metformin hcl	JANUMET	PA Required
sitagliptin phosphate	JANUVIA	PA Required
<b>DIABETIC AGENTS - INCRETIN MIMETICS (GLP-1)</b>		
exenatide	BYETTA	PA Required
<b>DIABETIC AGENTS - INSULIN Vials</b>		
hum insulin nph/reg insulin hm	HUMULIN 70-30	
insulin aspart	NOVOLOG	
insulin detemir	LEVEMIR	
insulin glargine,hum.rec.anlog	LANTUS	
insulin lispro	HUMALOG	
insulin npl/insulin lispro	HUMALOG MIX 50-50	
insulin regular, human	HUMULIN R	
insulin asp prt/insulin aspart	NOVOLOG MIX 70-30	
nph, human insulin isophane	HUMULIN N	
<b>DIABETIC AGENTS - INSULIN Pens</b>		
insulin detemir	LEVEMIR	PA Required
insulin glargine,hum.rec.anlog	LANTUS	PA Required

Generic Name	Reference Brand Name	Special Requirements
insulin lispro	HUMALOG	PA Required
insulin npl/insulin lispro	HUMALOG MIX 50-50	PA Required
insulin regular, human	HUMULIN R	PA Required
insulin asp prt/insulin aspart	NOVOLOG MIX 70-30	PA Required
nph, human insulin isophane	HUMULIN N	PA Required
<b>DIABETIC AGENTS - MEGLITINIDES</b>		
nateglinide	Starlix	
repaglinide	PRANDIN	
<b>DIABETIC AGENTS - MISCELLANEOUS</b>		
mifepristone	KORLYM	PA Required
<b>DIABETIC AGENTS - SULFONYLUREAS</b>		
chlorpropamide	Diabinese	
glimepiride	Amaryl	
glipizide	Glucotrol XL	
glyburide	Diabeta	
glyburide,micronized	Glynase	
tolazamide	Tolazamide	
tolbutamide	Tolbutamide	
<b>DIABETIC AGENTS - THIAZOLIDINEDIONES</b>		
pioglitazone hcl	Actos	
<b>DIABETIC SUPPLIES</b>		
blood glucose test strips	TrueTrack Monitors and Strips	QL: 150 Strips
needles, insulin disposable 1.0ml	Insulin Disposable Needles & Syringes	
syring w-ndl,disp,insul,0.5ml	Insulin Disposable Needles & Syringes	
<b>DIABETIC SUPPLIES - ANTISEPTICS</b>		
alcohol antiseptic pads	Single Use Swab	
<b>EAR PREPARATIONS - ANTI-INFECTIVES</b>		
ciprofloxacin hcl	Ciprodex	
neomycin/polymyxin b sulf/hc	Otocidin	
ofloxacin	Ocuflox	
<b>EAR PREPARATIONS - ANTI-INFLAMMATORY</b>		
fluocinolone acetonide oil	Dermotic	

Generic Name	Reference Brand Name	Special Requirements
<b>EAR PREPARATIONS - LOCAL ANESTHETICS</b>		
aa/antipyrn/bcaine/polico#1/al	Treagan Otic	
antipyrine/benzocaine/glycerin	Otra Nr	
<b>EMERGENT USE - ANAPHYLACTIC THERAPY AGENTS</b>		
<b>epinephrine</b>	<b>EPIPEN</b>	QL: 2 in 30 Days, PA Required for > 2 Per Month
<b>ENZYME REPLACEMENTS</b>		
<b>idursulfase</b>	<b>ELAPRASE</b>	PA Required
<b>imiglucerase</b>	<b>CEREZYME</b>	PA Required
<b>sacrosidase</b>	<b>SUCRAID</b>	PA Required
<b>EYE - ANTIBIOTICS</b>		
bacitracin	Ak-Tracin	
bacitracin/polymyxin b sulfate	Polysorin	
ciprofloxacin hcl	Ciloxan	
erythromycin base	Ilotycin	
gentamicin sulfate	Gentak	
<b>moxifloxacin</b>	<b>VIGAMOX</b>	
<b>natamycin</b>	<b>NATACYN</b>	
neomy sulf/bacitra/polymyxin b	Cortisporin	
neomycin/polymyxn b/gramicidin	Neosporin	
ofloxacin	Ocuflox	
polymyxin b sulfate/tmp	Polytrim	
tobramycin sulfate	Tobrex	
<b>EYE - ANTIBIOTIC-STEROID COMBINATIONS</b>		
neo/polymyx b sulf/dexameth	Maxitrol	
neomy sulf/bacitrac zn/poly/hc	Cortisporin	
neomycin/polymyxin b sulf/hc	Aural	
tobramycin/dexamethasone	Tobradex	
<b>EYE - ANTIHISTAMINES</b>		
azelastine hcl	Astelin	
epinastine hcl	Elestat	
ketotifen fumarate	Zaditor	
<b>EYE - ANTIINFLAMMATORY AGENTS</b>		
bromfenac sodium	Bromday	
dexamethasone sod phosphate	Decadron	
diclofenac	Various	
fluorometholone	FML S.O.P.	

Generic Name	Reference Brand Name	Special Requirements
flurbiprofen sodium	Ocufer	
ketorolac tromethamine	Acular	
prednisolone acetate	Pred Forte	
prednisolone sod phosphate	Ocu-Pred	
<b>EYE - ANTIVIRALS</b>		
trifluridine	Viroptic	
<b>EYE - GLAUCOMA AGENTS</b>		
apraclonidine hcl	Iopidine	
betaxolol hcl	Betoptic	
brimonidine tartrate	Alphagan P	
<b>brinzolamide</b>	<b>AZOPT</b>	PA Required
carteolol hcl	Ocupress	
dorzolamide hcl	Trusopt	
dorzolamide hcl/timolol maleat	Cosopt	
latanoprost	Xalatan	QL: 2.5 ml in 30 Days
levobunolol hcl	Betagan	
metipranolol	Optipranolol	
pilocarpine hcl	Isopto Carpine	
<b>tafluprost</b>	<b>ZIOPTAN</b>	PA Required
timolol maleate	Timoptic	
<b>travopost</b>	<b>TRAVATAN Z</b>	PA Required
<b>EYE - MAST CELL STABILIZER</b>		
cromolyn sodium	Opticrom	
<b>EYE - MISCELLANEOUS</b>		
<b>cyclosporine</b>	<b>RESTASIS</b>	PA Required
<b>EYE - MYDRIATICS</b>		
atropine sulfate	Ocu-Tropine	
cyclopentolate hcl	Ak-Pentolate	
homatropine hbr	Isopto Homatropine	
tropicamide	Mydriacyl	
<b>EYE - SULFONAMIDE/STEROID COMBINATION</b>		
sulfacetamide/prednisolone sp	Blephamide	
<b>EYE - SULFONAMIDES</b>		
sulfacetamide sodium	Bleph-10	
<b>EYE - VASOCONSTRICATORS (RX ONLY)</b>		
naphazoline hcl	Ak-Con	

Generic Name	Reference Brand Name	Special Requirements
naphazoline hcl / pheniramine maleate	Naphcon A, Opcon A	
<b>GALL BLADDER AGENTS</b>		
ursodiol	Actigall	
<b>GASTROINTESTINAL - ANTISPASMODICS</b>		
dicyclomine hcl	Bentyl	
glycopyrrolate	Robinul Forte	
hyoscyamine sulfate	Levsin, Levsin SL, Levsinex, NuLev	QL: 120 in 30 days
metoclopramide hcl	Reglan	
propantheline bromide	Pro-Banthine	
<b>GASTROINTESTINAL - H2 BLOCKERS</b>		
famotidine	Pepcid, Pepcid Ac (Otc)	
nizatidine	Axid	
ranitidine hcl	Zantac, Zantac 75 (Otc)	
<b>GASTROINTESTINAL - MISCELLANEOUS</b>		
metoclopramide hcl	Reglan	
misoprostol	Cytotec	
sucralfate	Carafate	Tablets Only
<b>GASTROINTESTINAL - PANCREATIC ENZYMES</b>		
lipase/protease/amylase	Zenpep	QL: 500 in 30 Days
lipase/protease/amylase	Creon DR	QL: 500 in 30 Days
lipase/protease/amylase	Pancreaze	QL: 500 in 30 Days
<b>GASTROINTESTINAL - PROTON-PUMP INHIBITORS (PPIs)</b>		
lansoprazole	Prevacid	QL: 60 in 30 Days
omeprazole	Prilosec, Prilosec Otc	QL: 60 in 30 Days
pantoprazole sodium	Protonix	QL: 60 in 30 Days
<b>GENITOURINARY - ANALGESIC AGENTS</b>		
<b>pentosan polysulfate sodium</b>	<b>ELMIRON</b>	PA Required
phenazopyridine hcl	Pyridium (Otc-Uristat)	
<b>GENITOURINARY - BPH AGENTS</b>		
alfuzosin hcl	Uroxatral	
doxazosin mesylate	Cardura	
finasteride	Proscar	
tamsulosin hcl	Flomax	
<b>GENITOURINARY - OVERACTIVE BLADDER AGENTS</b>		
flavoxate hcl	Uirstpas	
oxybutynin chloride	Ditropan XI	

Generic Name	Reference Brand Name	Special Requirements
tolterodine tartrate	Detrol	
trospium chloride	Sanctura	
<b>GENITOURINARY - PH MODIFIERS</b>		
citric acid/sodium citrate	Cytra-2	
phosphorus #1	Phospha 250 Neutral	
potassium citrate	Urocit-K	
potassium citrate/citric acid	Cytra-K	
sod/pot/k cit/sod cit/cit acid	Tricitrates	
<b>GENTIOURINARY - MISCELLANEOUS</b>		
bethanechol chloride	Urecholine	
<b>GLUCOCORTICOIDS - ORAL</b>		
cortisone acetate	cortisone acetate	
dexamethasone	Dexpak	
methylprednisolone	Medrol	
prednisolone	Prelone	
prednisone	Prednisone	
<b>GLUCOCORTICOIDS - RECTAL</b>		
hydrocortisone	Procto-Kit	
<b>GOUT AGENTS</b>		
allopurinol	Zyloprim	
<b>colchicine</b>	<b>COLCRYS</b>	PA Required
colchicine/probenecid	Col-Probenecid	
<b>febuxostat</b>	<b>ULORIC</b>	QL: 30 in 30 Days
probenecid	Probalan	
<b>GROWTH HORMONE</b>		
<b>pegvisomant</b>	<b>SOMAVERT</b>	PA Required
somatropin	Omnitrope, Nutropin Aq	PA Required
<b>GROWTH HORMONE - INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONE</b>		
<b>mecasermin</b>	<b>INCRELEX</b>	PA Required
<b>HEMATOLOGICALS - ANTICOAGULANTS</b>		
<b>dabigatran etexilate mesylate</b>	<b>PRADAXA</b>	PA Required
enoxaparin sodium	Lovenox	QL: > 10 Day Supply REQUIRED
fondaparinux sodium	Arixtra	PA Required
heparin	Heparin 5,000 Units	
<b>rivaroxaban</b>	<b>XARELTO</b>	PA Required
warfarin sodium	Coumadin	

Generic Name	Reference Brand Name	Special Requirements
<b>HEMATOLOGICALS - BLOOD MODIFIERS - LEUKOCYTE (WBC) STIMULANTS</b>		
filgrastim	NEUPOGEN	PA Required for > 10 Day Supply, PA Required
pegfilgrastim	NEULASTA	PA Required
sargramostim	LEUKINE	PA Required
<b>HEMATOLOGICALS - BLOOD MODIFIERS - RBC STIMULANTS</b>		
Erythropoetin	Procrit, EpoGen	PA Required
<b>HEMATOLOGICALS - MISCELLANEOUS</b>		
aminocaproic acid	Amicar	
pentoxifylline	Trental	
<b>HEMATOLOGICALS - MISCELLANEOUS PLATELET REDUCING AGENTS</b>		
anagrelide hcl	Agrylin	
<b>HEMATOLOGICALS - PLATELET AGGREGATION INHIBITORS</b>		
cilostazol	Pletal	
clopidogrel bisulfate	Plavix	
dipyridamole	Persantine	
<b>ticagrelor</b>	<b>BRILINTA</b>	PA Required
ticlopidine hcl	Ticlid	
<b>HEMATOLOGICALS - THROMBOPOIETIN RECEPTOR AGONISTS</b>		
eltrombopag olamine	PROMACTA	
<b>HEPATITIS B TREATMENT AGENTS</b>		
adefovir dipivoxil	HEPSERA	PA Required
entecavir	BARACLUDE	PA Required
lamivudine	EPIVIR	
telbivudine	TYZEKA	PA Required
<b>HEPATITIS C TREATMENT AGENTS</b>		
boceprevir	VICTRELIS	PA Required
interferon alfa-2b,recomb.	INTRON A	PA Required
interferon alfacon-1	INFERGEN	PA Required
interferon alfa-n3	ALFERON N	PA Required
interferon gamma-1b,recomb.	ACTIMMUNE	PA Required
peginterferon alfa-2a	PEGASYS	PA Required
peginterferon alfa-2b	SYLATRON 4-PACK	PA Required
ribavirin	Copegus	
telaprevir	INCIVEK	PA Required
<b>HYPNOTICS</b>		

Generic Name	Reference Brand Name	Special Requirements
estazolam	Prosom	QL: 30 in 30 Days
flurazepam hcl	Dalmane	QL: 30 in 30 Days
<b>ramelteon</b>	<b>ROZEREM</b>	PA Required
temazepam	Restoril	QL: 30 in 30 Days
zaleplon	Sonata	QL: 30 in 30 Days
zolpidem tartrate	Ambien	QL: 5MG:60 Tablets 10MG:30 Tablets

## IMMUNOSUPPRESSIVES

azathioprine	Imuran	
cyclosporine	Sandimmune	
cyclosporine, modified	Gengraf	
<b>everolimus</b>	<b>AFINITOR</b>	PA Required
mycophenolate mofetil	Cellcept	
<b>sirolimus</b>	<b>RAPAMUNE</b>	
tacrolimus	Prograf	

## ION REMOVING / REPLACEMENT AGENTS

calcium acetate	Phoslo	
calcium carbonate	Tums, Various	
calcium carbonate/mag carb/fa	Magnebind 400 Rx	
calcium lactate	Various	
calcium/multivitamins w-iron	Fosfree	
<b>Lanthanum Carbonate</b>	<b>FOSRENOL</b>	PA Required
pot chloride/pot bicarb/cit ac	Potassium Chloride	
potassium bicarbonate/cit ac	Klor-Con-Ef	
potassium chloride	Klor-Con M15	
<b>Sevelamer Carbonate</b>	<b>RENELA</b>	PA Required
<b>Sevelamer HCl</b>	<b>RENAGEL</b>	PA Required
Sodium Polystyrene	Kayexalate	
sodium polystyrene sulfonate	Kayexalate	
Sodium Polystyrene Sulfonate	Various	

## IRON REPLACEMENT

fe fumarate/cal/e/fa/multivit	Vitafol
fe fumarate/doss/fa/bcomp&c	Nephron Fa
fe fumarate/vit c/b12/stomc	Hematogen
fe fumarate/vit c/b12-if/fa	Ferocon
fe fumarate/vit c/vit b12/fa	Ferrogels Forte
ferrous fumarate	Iron

Generic Name	Reference Brand Name	Special Requirements
ferrous gluconate	Fergon	
ferrous sulfate	Iron Supplement	
ferrous sulfate, dried	Slow Release Iron	
<b>IRRITABLE BOWEL AGENTS</b>		
<b>alosetron hcl</b>	<b>LOTRONEX</b>	PA Required
<b>LAXATIVES &amp; CATHARTICS</b>		
bisacodyl	Dulcolax	
docusate sodium	Colace	
lactulose	Constulose	
<b>lubiprostone</b>	<b>AMITIZA</b>	PA Required
peg 3350/na sulf,bicarb,cl/kcl	Colyte With Flavor Packets	
polyethylene glycol 3350	polyethylene glycol 3350	
psyllium husk	Psyllium Fiber Metamucil (Otc)	
psyllium husk (with sugar)	Metamucil	
psyllium husk/aspartame	Metamucil	
sodium chloride/nahco3/kcl/peg	Gavilyte-N	
<b>LOCAL ANESTHETICS</b>		
lidocaine hcl	Lidoderm(Patch), Xylocaine (Topical)	PA Required For the Patch
<b>METABOLIC DEFICIENCY AGENTS</b>		
levocarnitine	Carnitor	PA Required
levocarnitine (with sugar)	Carnitor	PA Required
<b>MINERAL CORTICOIDS</b>		
fludrocortisone acetate	Florinef	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>fingolimod hcl</b>	<b>GILENYA</b>	PA Required
<b>glatiramer acetate</b>	<b>COPAXONE</b>	PA Required
<b>interferon beta-1a</b>	<b>AVONEX</b>	PA Required
<b>interferon beta-1a/albumin</b>	<b>REBIF</b>	PA Required
<b>interferon beta-1b</b>	<b>EXTAVIA</b>	PA Required
<b>MULTIVITAMIN PREPARATIONS</b>		
b complex with vitamin c	Vi-Cert C1000 With B12	
fe fumarate/fa/vit bcomp&c	Dalyvite 800 With Iron	
multivitamins,ther w-minerals	Therapeutic Vitamin & Mineral	QL: 30 in 30 Days
multivitamins,therapeutic	Oncovite	QL: 30 in 30 Days
multivits w-iron,hematinic	Promar	QL: 30 in 30 Days
<b>NASAL PREPARATIONS - ANTIHISTAMINES</b>		

Generic Name	Reference Brand Name	Special Requirements
azelastine hcl	Astelin	
<b>NASAL PREPARATIONS - MISCELLANEOUS</b>		
ipratropium bromide	Atrovent NS	
<b>NASAL PREPARATIONS - STEROIDS</b>		
flunisolide	Nasarel	
fluticasone propionate	Flonase	
<b>triamcinolone acetonide</b>	<b>NASACORT AQ</b>	PA Required
<b>OSTEOPOROSIS AGENTS</b>		
alendronate sodium	Fosamax	
calcitonin, salmon, synthetic	Fortical	
etidronate disodium	Didronel	
ibandronate sodium	Boniva	
<b>raloxifene hcl</b>	<b>EVISTA</b>	QL: 30 in 30 Days
<b>PEDIATRIC VITAMIN PREPARATIONS</b>		
fluoride/iron/vit a,c&d	Tri-Vit With Fluoride-Iron	
multivitamins with fluoride	Multivitamins W/Fluoride	QL: 30 in 30 Days
ped mv a,c,d3 #21 w-fluoride	Tri-Vitamin With Fluoride	
pedi m.vit no.17 with fluoride	Multivitamins With Fluoride	
<b>PITUITARY AGENTS</b>		
cabergoline	Dostinex	PA Required
danazol	Danocrine	
desmopressin acetate	DDAVP	
<b>POSTHERPETIC NEURALGIA AGENTS</b>		
gabapentin	Gabapentin	
<b>PRENATAL VITAMIN PREPARATIONS</b>		
pnv with ca,no.72/iron/fa	Prenatal Plus	
pnv39/iron fumarate/fa/dss/dha	Taron-Prex Prenatal	
pnv66/iron fumarate/fa/dss/dha	Vemavite-Prx 2	
pnv80/iron fumarate/fa/dss/dha	Nexa Select	
<b>PSORIATIC AGENTS - ORAL</b>		
<b>acitretin</b>	<b>SORIATANE</b>	
<b>methoxsalen, rapid</b>	<b>OXSORALEN-ULTRA</b>	
<b>PSORIATIC AGENTS - TOPICAL</b>		
<b>anthralin</b>	<b>DRITHOCREME HP</b>	
calcipotriene	Sorilux	
<b>tazarotene</b>	<b>TAZORAC</b>	PA Required

Generic Name	Reference Brand Name	Special Requirements
<b>PULMONARY HYPERTENSION AGENTS</b>		
ambrisentan	LETAIRIS	PA Required
bosentan	TRACLEER	PA Required
epoprostenol sodium (glycine)	Flolan	PA Required
iloprost	VENTAVIS	PA Required
sildenafil citrate	REVATIO	PA Required
tadalafil	ADCIRCA	PA Required
treprostинil sodium	REMODULIN	PA Required
treprostинil/nebulizer/accesor	TYVASO	PA Required
<b>SALIVARY GLAND AGENT</b>		
pilocarpine hcl	Salagen	
<b>SKELETAL MUSCLE RELAXANTS</b>		
baclofen	Lioresal	
cyclobenzaprine hcl	Flexeril	
dantrolene sodium	Dantrium	
metaxalone	Skelaxin	
methocarbamol	Robaxin-750	
orphenadrine citrate	Disipal	
tizanidine hcl	Zanaflex	
<b>SMOKING DETERRENT AGENTS - NICOTINE</b>		
nicotine	Nicotrol Ns	QL: 12 wk supply allowed in 180 Days
nicotine gum	Nicorette Gum	QL: 12 wk supply allowed in 180 Days
nicotine Lozenges	Nicorette LOZENGES, Committ	QL: 12 wk supply allowed in 180 Days
nicotine patch	Nicoderm	QL: 12 wk supply allowed in 180 Days
<b>SMOKING DETERRENTS - NON-NICOTINE</b>		
bupropion hcl	Budeprion Sr	QL: 12 wk supply allowed in 180 Days
verenicline	Chantix	QL: 12 wk supply allowed in 180 Days
<b>SOMATOSTATIC AGENTS</b>		
lanreotide acetate	SOMATULINE DEPOT	PA Required
octreotide acetate	Sandostatin Lar	PA Required
<b>THYROID - MISCELLANEOUS</b>		
methimazole	Tapazole	
propylthiouracil	Various	
<b>THYROID REPLACEMENT</b>		
levothyroxine sodium	Synthroid	QL: 30 in 30 Days
liothyronine sodium	Cytomel	QL: 30 in 30 Days

Generic Name	Reference Brand Name	Special Requirements
<b>thyroid,pork</b>	<b>ARMOUR THYROID</b>	
<b>TOPICAL ANTIPRURITICS</b>		
diphenhydramine hcl	Benadryl	
<b>TOPICAL ANTIBIOTICS</b>		
bacitracin	Bacitracin	PA Required FOR > 26 Years of Age
gentamicin sulfate	Garamycin	
mupirocin	Bactroban	
<b>TOPICAL ANTIPERSPIRANTS</b>		
aluminum chloride	Hypercare	
<b>TOPICAL HYPERPIGMENTATION AGENTS</b>		
<b>methoxsalen</b>	<b>OXSORALEN</b>	
<b>TOPICAL MISCELLANEOUS</b>		
ammonium lactate	Lac-Hydrin	
<b>becaplermin</b>	<b>REGRANEX</b>	
silver sulfadiazine	Silvadene	
<b>TOPICAL MISCELLANEOUS-IMMUNOSUPPRESSIVE AGENTS</b>		
<b>pimecrolimus</b>	<b>ELIDEL</b>	
<b>tacrolimus</b>	<b>PROTOPIC</b>	PA Required
<b>TOPICAL SCABICIDES/PEDICULOSIDES</b>		
<b>crotamiton</b>	<b>EURAX</b>	
<b>ivermectin</b>	<b>SKLICE</b>	PA Required
lindane	Lindane	PA Required
malathion	Ovide	
permethrin	Elimite, Nix	
piperonyl butoxide/pyrethrins	Rid	
<b>Spinosad</b>	<b>NATROBA</b>	PA Required
<b>TOPICAL SEBORRHEIC AGENTS</b>		
selenium sulfide	Tersi Foam	
sulfacetamide sodium/urea	Sodium Sulfacetamide	
<b>TOPICAL STEROID - MISCELLANEOUS STEROIDAL</b>		
prednicarbate	Dermatop	
<b>TOPICAL STEROID- CLASS 1 - SUPER POTENT</b>		
betamethasone dipropionate augmented	Diprolene - Cream, Gel, Ointment & Lotion	
clobetasol propionate	Temovate - Cream, Emollient Cream, Gel, Ointment & Solution	
dilforasone Diacetate	Psorcon - Cream, Ointment	

Generic Name	Reference Brand Name	Special Requirements
<b>TOPICAL STEROID- CLASS 2 - POTENT</b>		
fluocinonide	Lidex - Cream, Gel, Ointment & Olution	
mometasone furoate	Elocon Ointment	
<b>TOPICAL STEROID- CLASS 3 - UPPER MID STRENGTH</b>		
Fluocinonide	Lidex Emollient Cream	
fluticasone propionate	Cutivate Ointment	
<b>TOPICAL STEROID- CLASS 4 - MID STRENGTH</b>		
betamethasone valerate	Valisone Cream, Valisone Lotion, Valisone Ointment	
fluocinolone Acetonide	Synalar Ointment	
hydrocortisone valerate	Westcort Ointment	
mometasone furoate	Elocon - Cream & Solution	
triamcinolone acetonide	Kenalog Ream, Ointment & Lotion	
<b>TOPICAL STEROID- CLASS 5 - LOWER MID STRENGTH</b>		
desonide	Desowen - Cream, Ointment & Lotion	
flurandrenolide	Cordran Tape	
fluticasone propionate	Cutivate Cream & Lotion	
<b>TOPICAL STEROID- CLASS 6 - MILD STRENGTH</b>		
alclometasone dipropionate	Aclovate - Cream,Ointment	
Fluocinolone Acetonide	Derma-Smoothe Fs Oil	
Fluocinolone Acetonide	Synalar Cream & Solution	
<b>TOPICAL STEROID- CLASS 7 - LEAST POTENCY</b>		
hydrocortisone	Cortaid/Hytone - Cream, Ointment, Solution	
hydrocortisone acetate/aloe v	Micort-Hc	
hydrocortisone acetate/urea	Carmol Hc	QL: 6 in 1 Days
<b>VITAMIN B PREPARATIONS</b>		
b complx 4/vit d3/c/fa/zinc ox	Vital-D Rx	
folic acid/vitamin b comp w-c	Nephro-Vite	
vitamin b complex	B Complex 100	
vitamin b complex & vit c no.4	Super B Complex	
vitamin b complex/lysine	Apetigen	
<b>VITAMIN B1 PREPARATIONS</b>		
thiamine hcl	Vitamin B-1	
<b>VITAMIN B12 PREPARATIONS</b>		
vitamin b12-intrinsic factor	Martinic	
<b>VITAMIN B6 PREPARATIONS</b>		

Generic Name	Reference Brand Name	Special Requirements
pyridoxine hcl	B-Natal	
<b>VITAMIN D PREPARATIONS</b>		
ergocalciferol (vitamin d2)	Drisdol	
<b>VITAMIN D/PARATHYROID HORMONE REPLACEMENT</b>		
calcitriol	Rocaltrol	
<b>cinacalet Hcl</b>	<b>SENSIPAR</b>	PA Required
<b>doxercalciferol</b>	<b>HECTOROL</b>	PA Required
<b>paricalcitol</b>	<b>ZEMPLAR</b>	PA Required
<b>VITAMIN E PREPARATIONS</b>		
vitamin e	Vitamin E	
<b>VITAMINS/MINERALS</b>		
folic acid	Duleek-Dp 15	
folic acid/multivits-min/lut	Centrum Silver	
multivitamin w-minerals/lutein	Certa-Vite Senior	QL: 30 in 30 Days
<b>WOMEN'S HEALTH - AROMATASE INHIBITORS</b>		
anastrozole	Arimidex	
exemestane	Aromasin	
letrozole	Femara	
<b>WOMEN'S HEALTH - CONTRACEPTION - EMERGENT</b>		
levonorgestrel 0.75 mg	Next Choice, Plan B	
<b>levonorgestrel 1.5 mg</b>	<b>PLAN B ONE STEP</b>	
<b>WOMEN'S HEALTH - CONTRACEPTION - INJECTABLE</b>		
medroxyprogesterone acetate	Depo-Provera	
<b>WOMEN'S HEALTH - CONTRACEPTION - ORAL - BIPHASIC</b>		
EE 35 mcg (21 days)/norethindrone 0.5 mg (10 days); 1 mg (11 days)	Necon 10/11	
<b>WOMEN'S HEALTH - CONTRACEPTION - ORAL - MONOPHASIC</b>		
EE 20 mcg/norethindrone acetate 1 mg	Loestrin 1/20, Loestrin Fe 1/20, Junel 1/20, Junel Fe 1/20, Microgestin 1/20, Microgestin Fe 1/20	
EE 30 mcg / desogestrel 0.15 mg	Desogen, Ortho-Cept, Apri, Reclipsen, Solia	
EE 30 mcg / norethindrone acetate 1.5 mg	Loestrin 1.5/30, Loestrin Fe 1.5/30, Junel 1.5/30, Junel Fe 1.5/30, Microgestin 1.5/30, Microgestin Fe 1.5/30	
EE 30 mcg/levonorgestrel 0.15 mg	Nordette, Levlen, Levora, Portia	
EE 30 mcg/norgestrel 0.3 mg	Lo/Ovral, Cryselle, Low-Ogestrel	
EE 35 mcg/ethynodiol diacetate 1 mg	Demulen 1/35, Kelnor 1/35, Zovia 1/35	

Generic Name	Reference Brand Name	Special Requirements
EE 35 mcg/norethindrone 0.5 mg	Brevicon, Modicon, Necon 0.5/35, Nortrel 0.5/35	
EE 35 mcg/norethindrone 1 mg	Norinyl 1+35, Ortho-Novum 1/35, Necon 1/35, Nortrel 1/35	
EE 35 mcg/norgestimate 0.25 mg	Ortho-Cyclen, Mononessa, Previfem, Sprintec	
EE 50 mcg/norgestrel 0.5 mg	Ogestrel	
ethinyl estradiol (EE)20 mcg/levonorgestrel 0.1 mg	Alesse, Aviane, Lessina, Lutera, Sronyx	
ethinyl estradiol 30MCG /drospirenone 0.3MG	Zarah	
mestranol 50 mcg/norethindrone 1 mg	Norinyl 1+50, Necon 1/50	

## WOMEN'S HEALTH - CONTRACEPTION - ORAL - PROGESTINS

norethindrone 0.35 mg	Jolivette, Nor-Qd, Ortho Micronor, Camila, Errin, Nora-Be
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## WOMEN'S HEALTH - CONTRACEPTION - ORAL - TRIPHASIC

EE 25 mcg (21 days)/desogestrel 100 mcg (7 days); 125 mcg (7 days); 150 mcg (7 days)	Cyclessa, Cesia, Velivet, Caziant
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EE 30 mcg (6 days); 40 mcg (5 days); 30 mcg (10 days)/levonorgestrel 50 mcg (6 days); 75 mcg (5 days); 125 mcg (10 days)	Enpresse, Trivora
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EE 35 mcg (21 days)/norethindrone 0.5 mg (7 days); 0.75 mg (7 days); 1 mg (7 days)	Ortho-Novum 7/7/7, Necon 7/7/7, Nortrel 7/7/7
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EE 35 mcg (21 days)/norethindrone 0.5 mg (7 days); 1 mg (7 days); 0.5 mg (7 days)	Tri-Norinyl, Aranelle, Leena
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EE 35 mcg (21 days)/norgestimate 180 mcg (7 days); 215 mcg (7 days); 250 mcg (7 days)	Ortho Tri-Cyclen, Trinessa, Tri-Previfem, Tri-Sprintec
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## WOMEN'S HEALTH - MISCELLANEOUS

methylergonovine maleate	Methergine
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## WOMEN'S HEALTH - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)

tamoxifen citrate	Nolvadex	
<b>toremifene citrate</b>	<b>FARESTON</b>	PA Required

## WOMEN'S HEALTH - VAGINAL ANTI-INFECTIVES

clindamycin phosphate	Cleocin Vaginal
clotrimazole	Gyne-Lotramin, Mycelex
metronidazole	Metrogel-Vaginal
miconazole nitrate	Monistat
nystatin	Nystatin
<b>sulfanilamide</b>	<b>AVC</b>

Generic Name	Reference Brand Name	Special Requirements
terconazole	Terazol 3, Terazol 7	
<b>WOMEN'S HEALTH -REPLACEMENT THERAPY - ORAL</b>		
estradiol	ESTRACE	
estrogen,con/m-progest acet	PREMPHASE, PREMPRO	
estrogens, conjugated	PREMARIN	
estrogens,esterified	MENEST, CENESESTIN	
estropipate	Ogen	
norethind ac/ethinyl estradiol	Femhrt	
<b>WOMEN'S HEALTH -REPLACEMENT THERAPY - PROGESTINS</b>		
medroxyprogesterone acetate	Provera	
medroxyprogesterone acetate	Provera Tablets	
norethindrone acetate	Aygestin	
<b>WOMEN'S HEALTH -REPLACEMENT THERAPY - TOPICAL</b>		
estrogen patch	Climara, Estraderm	
Estrogen Patch	Vivelle Dot	
<b>WOMEN'S HEALTH -REPLACEMENT THERAPY - VAGINAL THERAPY</b>		
estradiol	ESTRING	QL: 1 in 90 Days
estradiol	VAGIFEM	
estradiol acetate	FEMRING	PA Required
estrogens, conjugated	PREMARIN CREAM	
<b>WOMEN'S HEALTH -REPLACEMENT THERAPY - VAGINAL THERAPY - PROGESTINS</b>		
progesterone,micronized	CRINONE GEL	PA Required